Name in Full: Lillian F. Alexander

Certificate of Death

Died at: Town: North East — County: Cecil — MARYLAND

Date 1900 Month: Jan Day: 29 | Age Y.: 1883 M.: Jan D.: 27 | Native of: Md | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~ 22a

Husband of Wife: —

Father's Name: Chas E. Alexander — Mother's Name: Ida M. Alexander

Cause of Death:
- Primary: Phthisis Pulmonalis — How long sick: 14 Mos.
- Immediate: Pulmonary Hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by: Geo S. Rittenhouse M.D.

Address: North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268

Name in Full | Certificate of Death

William Bayard

Died at Town "Back Creek Mills" County Cecil MARYLAND

Date 1900 Month Jany Day 3d | Age Y. 78, M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married 2 ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3,

Husband of Wife 2 wives living, but both have left him last lived yrs ago

Father's Name | Mother's Name

Cause of Death: Primary 72 | How long sick 5 days

Immediate Pneumonia – was in "Artic" | Accidant, Suicide, Homicide

Reported by Wm Morles when I was called to see him day before his death.

Address Dr J. E. Wallace Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Anna Bennett

Town

County

Died at Warwick Cecil MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1900 Jany 8 | Age 24 | Md Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife Charles Bennett

Father's Name James Tomlinson

Mother's Name Mary Tomlinson

Cause of Death

Primary Child Birth 118

Immediate Collapse or shock

How long sick

5 hours

~~Accident, Suicide, Homicide~~

Reported by J J Wright MD

Address Warwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Mrs. Mary E. Boulden

Town

County

Died at Cecil MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 19 or 1	11	Age 74				

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife Gen. A. Boulden

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Port Deposit Press 1-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name in Full _____ Cameron

Certificate of Death

Died at Town Perryville County Cecil MARYLAND

Date 19 Month or 1 Day 18 | Age Y. infant M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children~~ living

Husband of
Wife

Father's Name Norris le. Cameron

Mother's ~~Maiden~~ Name

Cause of Death: Primary 161 | How long sick

Immediata | Accident, Suicide, Homicide

Reported by Cecil Dr Hig 1-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 20908

Name in Full

Mrs. Elizabeth Sears

Certificate of Death

Died at Town: Port Deposit County: Cecil MARYLAND

Date 19 07 Month: 1 Day: 6 | Age Y. 60 M. D. | Native of | Occupation

~~Male~~ Female | White | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary 1601

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Atlig 1-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full Joseph Clark

Certificate of Death

Died at Town Cokesbury County Cecil MARYLAND

Date 1900 Month Jan Day 1 Age Y. 20 M. 00 D. Native of Md Occupation School boy

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John Clark

Mother's Name Hester Clark

Cause of Death Primary Consumption 22a

Immediate Grippe

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by H E Clemson

Address Port Deposit Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Letitia Conoly

Certificate of Death

Died at Town Lombard County Cecil MARYLAND

Date 1900 Month 1 Day 11 Age Y. 51 M. 8 D. 5 Native of Pa Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number~~ of children living

~~Husband~~ Wife of J. Ron Conoly

Father's Name Albert Hilman Mother's Name Letitia Cherry

Cause of Death Primary Pneumonia 72 How long sick 8 days

Immediate do Accident, Suicide, Homicide

Reported by Dr. H. Richardson

Address Calvert Md.

Must be signed by physician, if any in attendance, otherw[illegible]y coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full — Certificate of Death

Susana J. Cooper - Col'd

Died at — Town: Elkton — County: Cecil — MARYLAND

Date 1900 — Month: Jan — Day: 15 — Age: Y. about M. 75 D. — Native of: Cecil Co — Occupation: none

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband / Wife of: dont Know

Father's Name: dont Know — Mother's Name: dont Know

Cause of Death — Primary: La Grippe 9 — How long sick: 10 days

Immediate: Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by: Jno. W. Cooper Jr MD

Address: Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Elva J Davis

Certificate of Death

Died at Town North East County Cecil MARYLAND

Date 1900 Month 1 Day 22 Age Y. 11 M. — D. — Native of Md Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Maiden Name

Cause of Death Primary 72

Immediate Pneumonia

How long sick

~~Accident, Suicide, Homicide~~

Reported by Cecil Whig.

Address Jany. 27, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Name in Full

Certificate of Death

David T Devlin

Died at Near Cherry Hill (Town) Cecil (County) MARYLAND

Date 1900 Month 1 Day 22 Age Y. 73 M. D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 2

Husband Wife of Mary Biddle

Father's Name Mother's Nama

Cause of Death Primary Heart disease 57 How long sick

Immediate J S Whitaker Accident, Suicide, Homicide

Reported by Cherry Hill Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Samuel Duhamell

Died at Town: Earleville County: Cecil MARYLAND

Date 19 05 Month: 1 Day: 9 | Age Y. 76 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ ~~Divorced~~ | Number of children living 1

Husband of Wife Mollie Morgan

Father's Name Robert Duhamell | Mother's Maiden Name Amelia

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Democrat 1-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70268

Name in Full

Certificate of Death

Emma Ford

Died at Town N. Ern County Cecil MARYLAND

~~Date of~~ 1900 Month Day July 7 | Age Y. 60 M. D. | Native of Cecil | Occupation Housework

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife Henry Ford

Father's Name ~~Henry~~ Mother's Maiden Name Emma Brown

Cause of Death: Primary Gastritis | How long sick 4 weeks

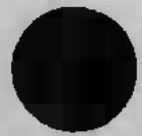
Immediate ~~84~~ 104 | ~~Accident, Suicide, Homicide~~

Reported by B Hennessy

Address N Ern

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888



Name in Full: Jerry P. Hathaway.

Certificate of Death

Died at: Town: Oakwood County: Ocean — MARYLAND

Date 1900 Month: January Day: 3 | Age Y. 3 M. 0 D. 18 | Native of US | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Harry Hathaway Mother's Name: Viola K. Hathaway

Cause of Death: Primary — Immediate: Burned — 148

How long sick: 24 hours

Accident, ~~Suicide~~, ~~Homicide~~

Reported by: Stated B Josh Funeral Director

Address: Ocean Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Had No Physician

Name in Full: Bridget Hearn

Certificate of Death

Died at Town: Near Cherry Hill County: Cecil MARYLAND

Date 1900 Month: 1 Day: 11 Age Y. 68 M. D. Native of: Ireland Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband / Wife of John Hearn

Father's Name Riley Mother's Name 43

Cause of Death: Primary Chronic softening of brain How long sick Months

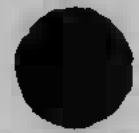
Immediate ~~Accident, Suicide, Homicide~~

Reported by J S Whitaker

Address Cherry Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Child was not named

Town

County

Died at Bohemia manor Cecil Md MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 Jan 25. Age 6 md

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John W Jones

Mother's Name Clarrie Jones

Cause of Death: Primary Convulsion

Immediate

How long sick 6 days

Accident, Suicide, Homicide

Reported by Wm B Coleman

Address Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

The parents have removed to Kent Co Md.
& can give no further information

W.W.C.

Name in Full: Jno Arthur Klein

Certificate of Death

Died at: Town: North East — County: Cecil — MARYLAND

Date: 1900 — Month: Jan — Day: 4 — Age: Y. 16 M. D. — Native of: Cecil — Occupation: ——

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — Widow Widower — ~~Divorced~~ ~~Number of children living~~ 1

Husband / Wife of: ——

Father's Name: Jacob Klein — Mother's Name: Laura Klein

Cause of Death — Primary: Inhibition — 49 — How long sick: 1 day

Immediate: Convulsions — ~~Accident~~

Reported by: Geo D. Rittenhouse M.D.

Address: North East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Elizabeth Kerr — Certificate of Death

Died at Town: Port Deposit — County: Cecil — MARYLAND

Date: 1900 Month: Jany Day: 6 — Age: Y. 76 M. 6 D. — Native of: Maryland — Occupation: Housewife

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — ~~Widower~~ — ~~Divorced~~ — Number of children living: 0

~~Husband~~ Wife of John Kerr

Father's Name: Christian Baker — Mother's Name: Catherine Baker

Cause of Death: Primary: Heart Disease — 5-7 — How long sick: Sudden

Immediate: Heart Disease

~~Accident, Suicide, Homicide~~

Reported by D. G. Fisher M.D.

Address: Port Deposit, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Name in Full Mrs R. H. Logan (Rebecca) Certificate of Death

Died at Town College Near College Green County Cecil MARYLAND

Date ~~1899~~ 1900 Month June Day 29 Age Y. 46 M. D. Native of Cecil Occupation Housework

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

~~Husband~~ Wife of Harry Logan

Father's Name Robert Trimby Mother's Name Trimby

Cause of Death Primary Heart 179 How long sick 10 years

Immediate ~~161~~ ~~Accident, Suicide, Homicide~~

Reported by B Housekeeper

Address McEwen

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Jas Lynch

Died at Town: Fair Hill County: Cecil MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 19 OT /	23	Age 75				

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary flu

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Co. News 1-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70998

Name in Full Charles Henry McGraw

Certificate of Death

Died at Town Chevy Chase County Md MARYLAND

Date 1900 Month 1 Day 2 Age Y. 12 M. 2 D. - Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name Miller McGraw Mother's Name Mary McLaughlin

Cause of Death { Primary Brights disease How long sick 10 days

Immediate 97 Accident, Suicide, Homicide

Reported by J. S. Whitelaw

Address Chevy Chase Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66088

Name in Full

Cora McVey

Certificate of Death

Died at Town Rock Springs County Cecil MARYLAND

Date 190 Month 1 Day 1 | Age Y. 21 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Chas. McVey

Mother's Name

Cause of Death: Primary Consumption — How long sick 2 2a

Immediate — Accident, Suicide, Homicide

Reported by Cecil O'Shea 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Pane M Miller

Certificate of Death

Died at: Town: Mechanics Valley County: Cecil MARYLAND

Date 1900 Month: Jan Day: 20 Age Y. 3 M. 4 D. 11 Native of: Md Occupation: Child

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / Single ~~Widow~~ / ~~Widower~~ Divorced

Number of children living 5

Husband / Wife of: Ella Vanpelt

Father's Name: James M Miller Mother's Name: Sarah Williams

Cause of Death: Primary: Albuminuria 7 Immediate: Whooping Cough

How long sick: 5 months

Accident, Suicide, Homicide

Reported by: D L Gifford

Address: [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Jas K. Moore

Died at Town: Cherry Hill County: Cecil MARYLAND

Date 1900 Month: Jan Day: 28 Age Y. M. D.: – 11, 22 Native of: Cecil Co Occupation: —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife: —

72

Father's Name: Wm Moore Mother's Name: Ella Weaver Moore

Cause of Death: Primary: Croupous Pneumonia How long sick: They say 2 days & 4 hours I know of

Immediate: Suffocation ~~Accident, Suicide, Homicide~~

Reported by: J. W. Cooper Jr MD

Address: Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Name in Full J. L. Moore

Certificate of Death

Died at Town N. Ear County Cecil MARYLAND

Date 1900 Month Jan Day 5 Age Y. 4 M. D. Native of Cecil Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~ 2

~~Husband~~

~~Wife~~

Father's Name John L. Moore

Mother's Name Mary Moore

Cause of Death Primary Convulsions

Immediate

How long sick one week

~~Accident, Suicide, Homicide~~

Reported by B Hawkins

Address N. Ear

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Moses Moore

Certificate of Death

Died at Town Almshouse County Cecil MARYLAND

Date 1900 Month Jan Day 14 Age Y. 75? M. D. Native of Md Occupation Hostler

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Apoplexy 42

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by B Kunkleyer

Address N. Ens

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65560

Name in Full: Martha J W Morrison

Certificate of Death

Died at: Town: Mt Montgomery, Near Rowlandsville County: Cecil MARYLAND

Date: 1900 Month: Jan Day: 10 Age: Y. 88 M. 6 D.

Native of: U S Occupation: housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: 6

Husband / Wife of: Matthew Morrison 42

Father's Name: James T McLarey

Mother's Name: Mary C McLarey

Cause of Death: Primary: Stroke of Parallysis 1 year

Immediate: A third stroke recently

How long sick: ago

Accident, Suicide, Homicide

Reported by: the Cause of death Rr E Bromwell M.D.

Address: Port Deposit Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Francis Asbury Porter

Died at Town Cherry Hill County Cecil MARYLAND

Date 1900 Month 1 Day 8 Age Y. 20 M. 1 D. — Native of Md Occupation Gentleman

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Richard C Porter Mother's Name Martha Terrell

Cause of Death Primary Bright disease How long sick 4 months

Immediate 97 ~~Accident, Suicide, Homicide~~

Reported by J S Whitaker

Address Cherry Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Enos Rambo

Died at Town Iron Hill County Cecil MARYLAND

Date 19 or Month 1 Day 14 | Age Y. 69 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband of Wife

Father's Name

Mother's Maiden Name 97

Cause of Death { Primary brights disease | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Democrat 1-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79993

Name in Full George Redding

Certificate of Death

Died at Town Chesapeake City County Cecil MARYLAND

Date 19~~00~~ Month 1 Day 20 | Age Y. 6 M. — D. — | Native of Maryland | Occupation child

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced

Number of children living

Husband of
Wife

Father's Name Charles Redding

Mother's Name Sarah Dyer

Cause of Death: Primary Diphtheria & Q

Immediate

How long sick 2 days

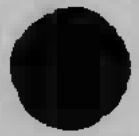
Accident, Suicide, Homicide

Reported by J. or C. Karsner

Address Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B



Name in Full

Granville T. Reynolds

Certificate of Death

Died at Town Colvert County Cecil MARYLAND

Date 1900 Month 1 Day 11 Age Y. 67 M. 5 D. 8 Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

~~Husband~~ Wife of Ella Meaner

Father's Name Wm Reynolds Mother's Name ——

Cause of Death Primary La Griffe ? How long sick 7 day

Immediate Heart Paralysis Accident, Suicide, Homicide

Reported by D. H. Richardson

Address Colvert Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Lanning R. Stanley

Died at Town: Elk Neck — County: Cecil — MARYLAND

Date 1900 Month Jan Day 19 | Age Y. 2 M. 6 D. 10 | Native of Cecil Co | Occupation —

Male ~~Female~~ | White Colored | ~~Married~~ ~~Single~~ Widow Widower ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Wm Stanley

Mother's Name Louisa Racum Stanley

Cause of Death — Primary: Whooping Cough 7 — How long sick: they say 8 weeks - I don't know

Immediate: Pneumonia, Meningitis, Exhaustion — ~~Accident Suicide Homicide~~

Reported by Lucrop Ford

Address Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mrs. Matilda Thomas

Died at Town: Elkton County: Cecil MARYLAND

Date 1905 Month Jan Day 5 | Age Y. 84 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living 8

Husband of Wife John E. Thomas.

Father's Name | Mother's Name

Cause of Death: Primary Old age 141 | How long sick

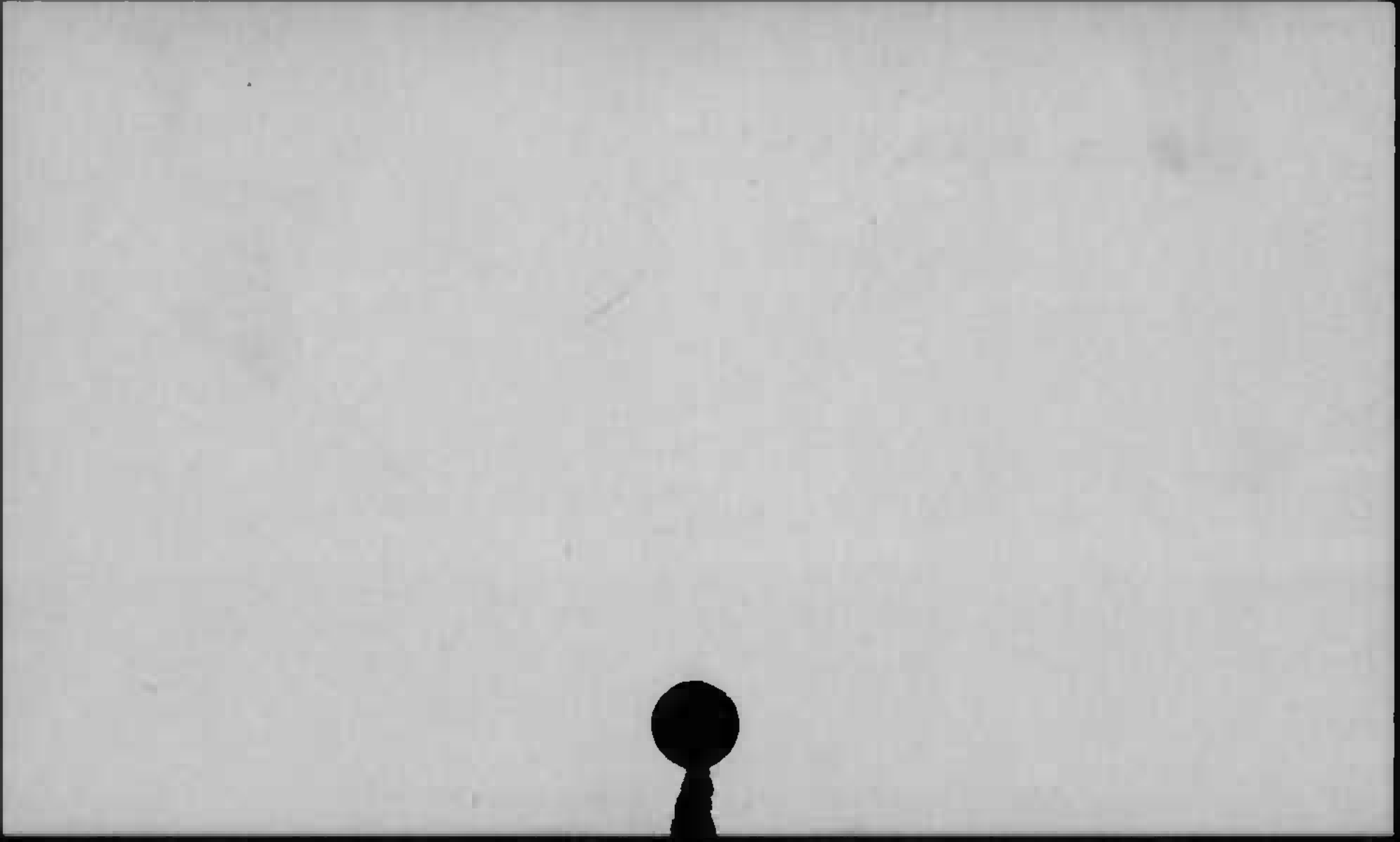
Immediate | Accident, Suicide, Homicide

Reported by Cecil Stig 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name In Full

Geo. A. Vandergrift.

Certificate of Death

Town

Port Deposit

County

Cecil

Died at

MARYLAND

Date ~~189~~ 1901 Month 1 Day 20 | Age Y. 8 M. D. | Native of Del. | Occupation

~~Male~~ / ~~Female~~ | ~~White~~ / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~ | Number of children living 6

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Port Deposit Press 1-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full | Certificate of Death

William Veary

Died at Town: N. Elm | County: Cecil | MARYLAND

Date 1900 Month: Jan Day: 27 | Age Y. 78 M. D. | Native of: Cecil Co Md | Occupation: Lower

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 4

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Paralysis 44 | How long sick: one month

Immediate | ~~Accident, Suicide, Homicide~~

Reported by B Hunnicutt

Address N. Elm

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full

Certificate of Death

Curtis Vingard

Died at Town Warwick County Cecil MARYLAND

Date 1900 Month Jany Day 1 | Age Y. 49 M. D. | Native of Md | Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Wife Varena Vingard

Father's Name James Vingard Mother's Name Anna Marvel

Cause of Death Primary Epilepsy 47 How long sick 3 days

Immediate Paralysis of Brain ~~Accident, Suicide, Homicide~~

Reported by J J Wright MD

Address Warwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Cora Ward

Died at Town Warwick County Cecil MARYLAND

Date 1900 Month Day Y. M. D. Native of Occupation

Jany 4 Age 37 " " Md Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

Husband of Wife George Ward

Father's Name Henry Maslin Mother's Name Annie Maslin

Cause of Death Primary Brain Fever 39a How long sick 2 weeks

Immediate Collapse Accident, Suicide, Homicide

Reported by J J Wright MD

Address Warwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Rev. T. S. Williams

Died at Town North East County Cecil MARYLAND

Date 1900 Month Jan Day 20 Age Y. 65 M. D. Native of Cecil Occupation Minister

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of Wife Martha Williams

Father's Name

Mother's Name

Cause of Death Primary Heart

Immediate

161

How long sick 30 minutes

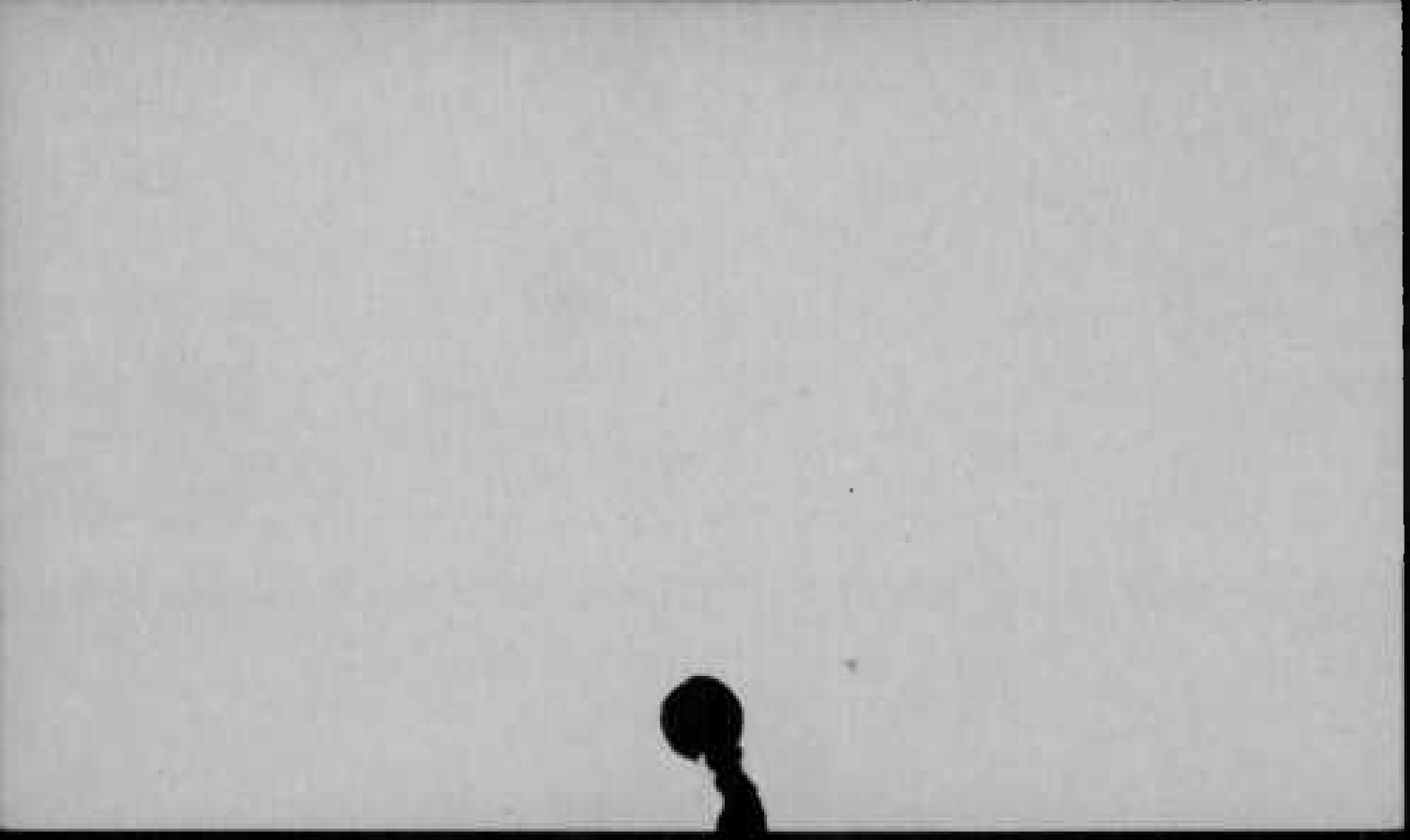
~~Accident, Suicide, Homicide~~

Reported by B. Hennessey

Address N. East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66843



Name in Full

Certificate of Death

Thomas Wilson colored

Died at Town: Chesapeake City County: Cecil MARYLAND

Date ~~189~~ 1900 Month: Jany Day: 31 Age Y. M. D. Native of Occupetion: Laborer

Male ~~Female~~ ~~White~~ Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name 72

Cause of Death: Primary Double Pneumonia How long sick 10 days

Immediate Accident, Suicide, Homicide

Reported by Dr J. V. Wallace M D

Address over

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

although a resident of this place for several years, I can find no one who can give me the information that is necessary to fill the card — His age I would estimate at 4 11 yrs —

Tom

He was without any family and had been sick several days before I was called to see him —